

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-007515

STATE FILE NUMBER

AMENDED

Registration District No. 290

Primary Registration District No. _____

Registrar's No. 27

FILED FEB 28 1962

1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Roberts

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION HW 66 1/2 mi East of Spur 66

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

California

b. COUNTY

Los Angeles

c. CITY

OR TOWN

Redondo Beach

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

2802 Perkins Lane

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

ROBERT

Middle

LEE

Last

CALHOUN

4. DATE

OF DEATH

Month

February

Day

17

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

22Nov1938

9. AGE (last birthday)

23

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

College

11. BIRTHPLACE (City and state or country)

Los Angeles, Calif.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Foy M. Calhoun

13b. MOTHER'S MAIDEN NAME

Eugenia D. (Unknown)

14. NAME OF HUSBAND OR WIFE

Kathy F. Calhoun

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

Yes

(If yes, give war or dates of service)

24Oct61 to date

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs Kathy F. Calhoun 2802 Perkins Lane Redondo Beach, Calif.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Laceration of Brain Stem, Severe

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Automobile Accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Laceration of Liver

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile struck tree on curve on HW 66 1/2 mile

20c. TIME OF INJURY

9:00

Hour

5:00 p.m.

Month, Day, Year

2-17-62

East of Spur 66 near St. Roberts, Missouri

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

St. Roberts

COUNTY

Pulaski

STATE

Missouri

21. I attended the deceased from 17 February, 1962, and last saw him alive on never

Death occurred at 9:10 P. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

JOHN B. MC MASTER, Captain, MC

22b. ADDRESS

US Army Hospital Fort Leonard Wood, Missouri

22c. DATE SIGNED

2-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2/19/1962

23c. NAME OF CEMETERY OR CREMATORY

Unknown

23d. LOCATION (City, town, or county)

Hermosa Beach, Calif.

24. FUNERAL DIRECTOR

Carl J. Glenn

ADDRESS

Rolla, Mo.

25. DATE RECD. BY LOCAL REG.

2-19-62

26. REGISTRAR'S SIGNATURE

Eugene Anderson

MAR 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Crested Laurel Jones

Licensed Embalmer No. 4411

P. O. Address Belle Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.